MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035388
STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. 4099 Registrar's No. 156

FILED SEP 24 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

ITEM NO.	SHOULD READ:	INSTEAD OF	DATE AMENDED
1	D192		
2	0192		
3			
4	0		
5	2		
6			
7	0		
8	2		
9	4201		
10			
11			
12	1-0		
13	2-0		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Harrisonville
Length of stay in 1b: 22 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Cass Co. Memorial Hospital
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Cass
c. CITY OR TOWN: Harrisonville
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 900 Green St
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First RALPH Middle H Last DICKERSON

4. DATE OF DEATH: Month Sept Day 18 Year 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed X Divorced ☐

8. DATE OF BIRTH: June 21 1878

9. AGE (Last birthday): 85

IF UNDER 1 YEAR: Months ___ Days ___
IF UNDER 24 H: Hours ___ Min ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trouble Shooter – Telephone Co

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (City and state or country): Johnson Co Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Joseph H. Dickerson

13b. MOTHER'S MAIDEN NAME: Hannah E Baker

14. NAME OF HUSBAND OR WIFE: Grace L. Dickerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of serv

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Mrs Belle Riggs, Harrisonville Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial infarction	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Severe Generalized Cardiac Sclerosis	2-3 days
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic Brain Syndrome, Dehydration, Malnutrition

PART III. If deceased was female w there a pregnancy in last 90 day: ☐ Yes ☐ No ☐ Unknow

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8/26/63 to 9/18/63 and last saw her him alive on ___
Death occurred at 4:10 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert L. Wheeler M.D.

22b. ADDRESS: Harrisonville, Mo

22c. DATE SIGNED: 9/19/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Sept 21-1963

23c. NAME OF CEMETERY OR CREMATORY: Orient Cemetery

23d. LOCATION (City, town, or County) (State): Harrisonville Mo.

24. FUNERAL DIRECTOR ADDRESS: Hummenbergers Harrisonville Mo.

25. DATE REC'D. BY LOCAL REG.: 9-20-63

26. REGISTRAR'S SIGNATURE: Ray J Lebo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Frank E. Runnenburger 3rd

Licensed Embalmer No. 5023

P. O. Address Harrisonville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.